

## Three Standard Medigap Plans Offered in Massachusetts

### Comparison of Plan Types

Basic Benefits In All Plans:	Medicare Supplement Core	Medicare Supplement 1	Medicare Supplement 2
<p><b><u>Medicare Part A/ Hospital Stay:</u></b>  Coinsurance for 61<sup>st</sup>–90<sup>th</sup> day in each benefit period; coinsurance for 60 Medicare lifetime hospital reserve days; additional 365 lifetime days covered in full.</p> <p><b><u>Medicare Part B/ Medical Expenses:</u></b>  Coinsurance - generally 20% of Medicare approved expenses</p> <p><b><u>Blood:</u></b>  First 3 pints of blood each year.</p>			
<b>Additional Benefits:</b>			
<b>Medicare Part A Hospital Stay Deductible</b> \$812 per benefit period in 2002	No	Yes	Yes
<b>Medicare Part A Nursing Facility Coinsurance</b> \$101.50 per day for 21 <sup>st</sup> -100 <sup>th</sup> day in 2002 <sup>st</sup> –100 <sup>th</sup> day in 2001	No	Yes	Yes
<b>Medicare Part B Annual Deductible</b> -\$100	No	Yes	Yes
<b>Foreign Travel</b> Medicare-covered services while abroad	No	Yes	Yes
<b>Mental Health Hospital Stays</b> For biologically-based mental health conditions	Yes, same as hospital stay	Yes, same as hospital stay	Yes, same as hospital stay
For other mental health conditions	60 days per calendar year	120 days per benefit period	120 days per benefit period
<b>Outpatient Prescription Drugs</b> \$35 deductible each calendar quarter, then 100% coverage for generic drugs 80% coverage for brand-name drugs	No	No	Yes

## Medicare Supplement Plans Offered in Massachusetts

<b>Medigap Carriers</b> Please note that rates may change in 2002	<b>Monthly Premiums for Policies</b>		
	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>	<b>Medicare Supplement 2</b>
<b>Blue Cross &amp; Blue Shield of MA (Medex)</b> 1-800-258-2226 (open enrollment: Feb-Mar; at initial eligibility <sup>1</sup> )	<b>\$66.66</b> (filed for rate of \$66.66 to be effective as of 3/15/02)	<b>\$124.46</b> (filed for rate of \$124.46 to be effective as of 3/15/02)	<b>\$379.95</b> (filed for rate of \$379.95 to be effective as of 3/15/02)
<b>United HealthCare Insurance Company</b> <u>Only for members of Amer Assn of Retired Persons</u> 1-800-523-5800 (open enrollment: Feb-Mar <sup>2</sup> ; at initial eligibility <sup>1</sup> )	<b>\$94.75</b>	<b>\$135.00</b>	<b>\$379.50</b>

1. Plan offers discounted rates to certain members joining when initially eligible.
2. Plan adds surcharge for enrollment after initial eligibility period.

## Medicare HMO Plans Offered in Massachusetts For Coverage in 2002

Please note that the following rates for Medicare HMO plans, offered through a contract with the federal government, must be reviewed by the Massachusetts Division of Insurance. Contact the company for information about products only being offered in parts of counties.

Medicare HMO	Monthly Premium	Office Copay	Prescription Drug Benefit	Service Area by County
Fallon Community Health Plan, Inc. 1-800-868-5200	Fallon Senior Plan \$0	\$10	NONE  <u>Purchase of Optional Supplemental Drug Benefit available at \$45 monthly charge:</u> \$175 per calendar quarter at discounted price (\$700 total per year) Copayment (up to 30 day): \$8 for Tier I \$15 for Tier II \$35 for Tier III (\$2 discount per 30-day supply for mail order)	Worcester; Parts of Hampden, Hampshire, and Norfolk
	Fallon Senior Plan \$10	\$10	NONE  <u>Purchase of Optional Supplemental Drug Benefit available at additional \$60 monthly charge (with Plan premium, total monthly charge is \$70):</u> \$175 per calendar quarter at discounted price	Parts of Franklin and Middlesex

			(\$700 total per year) Copayment (up to 30 day): \$8 for Tier I \$15 for Tier II \$35 or 50% coinsurance whichever is greater for Tier III (\$2 discount per 30-day supply for mail order)	
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**Medicare HMO Plans Offered in Massachusetts  
For Coverage in 2002 (continued)**

<b>Medicare HMO (continued)</b>	<b>Monthly Premium</b>	<b>Office Copay</b>	<b>Prescription Drug Benefit</b>	<b>Service Area by County</b>
<b>Harvard Pilgrim Health Care, Inc. 1-800-779-7723</b>	First Seniority <b>\$60</b>	\$5	\$150 per calendar quarter at retail price (\$600 total per year)  Copayments (30-day): \$ 5 for Generic \$10 for Preferred Brand \$25 for Non-preferred  Mail Order (90-day): \$ 8 for Generic \$15 for Preferred Brand \$75 for Non-preferred	Essex, Middlesex Norfolk, Suffolk <b>\$60</b>
<b>HMO Blue Blue Cross Blue Shield 1-800-678-2265</b>	Blue Care 65 <b>\$110 to 135</b>  See Service Area by County	Prim Care Physician \$5  Specialist \$15	\$150 per calendar quarter at discounted price (\$600 total per year)  Retail Copay (34-day): \$ 8 for Generic \$15 for Brand  Mail Order (90-day): \$10 for Generic \$20 for Brand	Middlesex, Norfolk, Suffolk <b>\$110</b>  Franklin, Hampden and part of Hampshire <b>\$115</b>  Essex and Plymouth <b>\$130</b>  Barnstable, Bristol and Worcester <b>\$135</b>
<b>Tufts Associated Health Plan 1-800-246-2400</b>	Secure Horizons <b>\$70 to \$107</b>  See Service Area by County	\$5	\$150 per calendar quarter at negotiated price (\$600 total per year)  Retail Copay (30-day): \$ 8 for Generic \$15 for Preferred Brand \$35 for Non-preferred  Mail Order (90-day): \$16 for Generic \$30 for Preferred Brand \$70 for Non-preferred	Hampden and Worcester <b>\$70</b>  Barnstable, Bristol, Middlesex, Norfolk, Plymouth and Suffolk <b>\$80</b>  Essex <b>\$107</b>